

Date Received	<p align="center"><b>Texas Commission on Fire Protection Fire Service Standards &amp; Certification Division</b></p> <p align="center">P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 Fax No. (512) 936-3808</p> <p align="center"><b>Removal from Appointment</b> Removal from Appointment to Fire Protection Duties</p>	Date Processed
		Processed By

**Important:** Commission rule requires a regulated entity to notify the commission of personnel changes within 14 days of occurrence.

**It is the individual's right to maintain certification after removal from appointment with the department listed below.**

*Clearly type or print when completing this form.*

<b>Individual Being Removed from Appointment:</b>					
FIDO Pin	Last Name	Suffix	First Name	Middle Name or Initial	
Home Address of Individual		City	State	Zip Code	Phone Number
Email Address					
<b>Individual Signature:</b> _____ <b>Date Signed:</b> _____					

<b>Department:</b>	
FDID No.	Department Name

<b>Date and Reason for Removal:</b>	
Date of Removal	Reason for Removal:
	<input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____

By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

Signature of Fire Chief or Administrative Head: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Fire Chief or Administrative Head: \_\_\_\_\_

**Purpose:** This form is to be utilized by a department to notify the commission of the removal from fire protection duties of a person currently appointed to duties with a department. Commission rule requires a regulated entity to notify the commission of personnel changes within 14 days of occurrence.

**Date Received:** Reserved for agency use.

**Date Processed:** Reserved for agency use.

**Processed by:** Reserved for agency use.

**Individual Being Removed from Appointment:** The name of the person that is being removed from appointment to fire protection duties.

**FIDO PIN:** Provide the person's TCFP FIDO Pin number assigned to the person by the commission.

**Last Name:** The person's last name.

**Suffix:** Examples: Jr., Sr., III, etc.

**First Name:** Full first name.

**Middle Name or Initial:** The person's middle name or middle initial (if applicable).

*This will assist in maintaining the individual's personal records with the commission.*

**Home address of the employee:** The last known address of the person.

**City:** Last known.

**State:** Last known.

**Zip Code:** Last known.

**Phone Number:** Last known.

**Individual Signature and Date:** The signature is not required if the person is not available to sign the form.

**FDID No.:** The identification number assigned to the department by the commission.

**Department Name:** Name of the department performing the appointment removal.

**Date of Removal:** The effective date of the removal from fire protection duties.

**Reason for Removal:** Check the appropriate box.

**Signature of the Fire Chief or Administrative Head/Date:** The legal signature of the individual who has the authority to make personnel decisions for the department that is submitting the TCFP-005 with the date the individual signed the form.

**Printed Name:** Print the name of the fire chief or the administrative head.